

TRANSMITTAL FORM

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First Named Inventor	Jeffrey W. Ruberti
Group Art Unit	3775
Examiner Name	Christopher J. Beccia
Attorney Docket No.	20780-0016
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"> <input type="checkbox"/> Change Of Correspondence Address 	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <input type="checkbox"/> Issue Fcc Transmittal Form PTOL-85 	<input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ___] <ul style="list-style-type: none"> <input type="checkbox"/> Terminal Disclaimer Executed Declaration and Power of Attorney for Utility or Design Patent Application 	<input type="checkbox"/> Petition for Extension of Time <ul style="list-style-type: none"> <input type="checkbox"/> CD(s) for large table or computer program 	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS 	<input type="checkbox"/> Amendment After Allowance <ul style="list-style-type: none"> <input type="checkbox"/> Request for Certificate of Correction 	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate)
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CORRESPONDENCE ADDRESS

SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

Respectfully submitted,
Jennifer A. Camacho, Reg. No. 43,526/
Jennifer A. Camacho
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600